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Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

ATTACHMENT 3.1-A
Page 8a
OMB No.: 0938-

State/Territory: VIRGIN ISLANDS

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

21. Ambulatory prenatal care for pregnant women furnished during a presumptive eligibility period by a qualified provider (in accordance with section 1920 of the Act).

☐ Provided: ☐ No limitations ☐ With limitations*
☒ Not provided.

22. Respiratory care services (in accordance with section 1902(e)(9)(A) through (C) of the Act).

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

23. Pediatric or family nurse practitioners' services.

Provided: ☐ No limitations ☒ With limitations*

*Description provided on attachment.

TN No. 91-6
Supersedes 89-2 Approval Date FEB 03 1992 Effective Date OCT 01 1991
TN No. 89-2 HCFA ID: 7986E

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Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

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State/Territory: VIRGIN ISLANDS

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

24. Any other medical care and any other type of remedial care recognized
under State law, specified by the Secretary.

a. Transportation.

☒ Provided: ☐ No limitations ☒ With limitations*

☐ Not provided.

b. Services of Christian Science nurses.

☐ Provided: ☐ No limitations ☐ With limitations*

☒ Not provided.

c. Care and services provided in Christian Science sanatoria.

☐ Provided: ☐ No limitations ☐ With limitations*

☒ Not provided.

d. Nursing facility services for patients under 21 years of age.

☐ Provided: ☐ No limitations ☐ With limitations*

☒ Not provided.

e. Emergency hospital services.

☒ Provided: ☐ No limitations ☒ With limitations*

☐ Not provided.

f. Personal care services in recipient's home, prescribed in accordance
with a plan of treatment and provided by a qualified person under
supervision of a registered nurse.

☐ Provided: ☐ No limitations ☐ With limitations*

☒ Not provided.

*Description provided on attachment.

TN No. 91-6
Superseded 91-1
TN No. 91-1

Approval Date FEB 03 1992

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AMOUNT, DURATION AND SCOPE OF ASSISTANCELimitations1. Inpatient Services

Limited to care in general hospital facilities operated by the Department of Health, except that with prior authorization by the Bureau patient may be referred or transferred to a hospital outside the Virgin Islands. Hospitals must have a provider agreement signed with the Medical Assistance Program.

2. Outpatient Servicesa. Hospital

Limited to services provided by Health Department facilities and personnel, except that with prior authorization by the Bureau, the patient may be referred or transferred to a hospital outside the Virgin Islands for receiving outpatient hospital care.

b. Rural Health Clinic

Limited to services provided by Health Department facilities.

c. Federally Qualified Health Care Centers

Limited to services provided by Health Department facilities.

3. Other Laboratory and X-ray Services

Limited to services provided by Health Department facilities and personnel, or other approved Virgin Islands laboratory or other qualified laboratory outside of the Virgin Islands when test service not available in the Health Department facilities.

Prior authorization required for off-island care and services outside V. I. Health Department facilities.

4. a. Skilled Nursing Facility Services

In the Virgin Islands this particular service is presently being developed as there are no nursing homes as such. (But this kind of service is available at the hospitals.) Prior authorization will be requested and the service is limited to persons twenty-one (21) years or older.

b. Early and Periodic Screening, Diagnosis of Eligible Individuals Under 21 Years of Age and Treatment of Conditions Found

See Attachment 3.1A, Page 10A

At present services are provided only in Health Department facilities.

c. Family Planning Services

Family Planning Services are limited to services provided in Department of Health facilities.

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The Virgin Islands Medicaid program meets the new requirements in Section 1905.R of the Act that all medically necessary diagnosis and treatment services will be furnished (including organ transplants) to EPSDT recipients, to treat conditions detected by periodic and interperiodic screening services even if the services are not included in the State Plan.

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Limitations (Continued)

5. Physicians' Services

Limited to services provided by Health Department personnel, except that by prior authorization of the Bureau. Referral of patients may be made to physicians who have signed a provider's agreement with the Bureau. Physician services are provided to Medicare/Medicaid recipients as specified under the Buy-In Agreement.

7. Home Health Care Services

Services provided by the Home Care Program of the Health Department.

Requires prior authorization except for requests for medical supplies, prosthetics, and appliances.

9. Clinic Services (Other than Hospital)

Limited to services provided by facilities and professional staff of the Health Department, except that by prior authorization by the Bureau, clinic services outside the Virgin Islands may be obtained.

10. Dental Services

Limited to services provided by facilities and professional staff of the Health Department. Prior authorization required for certain specified dental services in public facilities and for all dental services provided outside of public facilities.

11. Physical Therapy and Related Services

Limited to services by Health Department, except that by prior authorization of the Bureau, referral of patients may be made to physicians when services are not available at any government health facility.

Aged and disabled recipients under the Buy-In Agreement are covered under other specified procedures.

12. a. Prescribed Drugs

These will be provided by the Health Department pharmacies or by a local licensed pharmacy or outside licensed pharmacy that has signed a provider's agreement with the Medical Assistance Program.

U.I.

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Limitations (Continued)

12. c. Prosthetic Devices and Dentures

Limited to prior authorization from the Bureau of Health Insurance and Medical Assistance to purchase any prosthesis or equipment or dentures on behalf of the recipient in accordance with medical prescription by physician or dentist.

d. Eyeglasses

This service includes lenses, including frames when necessary; eye prostheses; contact lenses, prescribed by an ophthalmologist. The attending hospital clinic ophthalmologist makes the initial examination, referring to the community optometrist for the appliances when necessary. The optometrist needs to have a provider's agreement signed with the Medical Assistance Program.

13a. Ambulance Service or Other Transportation

This service will be supplied as needed, to provide ready access for the patient to the source of necessary medical care. Transportation by taxicab, common carrier, airplane or other appropriate means included if medically or otherwise necessary.

V.I.

9/30/77

Incorp. 11/30/77

10-3-77

Revision: HCFA-PM-91-1
April 1991

SUPPLEMENT 1 to ATTACHMENT 3.1-A
OMB No.: 0938-0193

Territory: VIRGIN ISLANDS

1. Emergency Hospital Services

Services provided with limitations. Medical necessity must be determined for emergency care.

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SUPPLEMENT 1 TO ATTACHMENT 3.1-A
Page 1
OMB No.: 0939-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: VIRGIN ISLANDS

CASE MANAGEMENT SERVICES

A. Target Group:

B. Areas of State in which services will be provided:

☒ Entire State.

☐ Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than Statewide:

C. Comparability of Services

☒ Services are provided in accordance with section 1902(a)(10)(B) of the Act.

☐ Services are not comparable in amount, duration, and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.

D. Definition of Services:

E. Qualification of Providers:

TN No. 87-1

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State/Territory: VIRGIN ISLANDS

F. The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

1. Eligible recipients will have free choice of the providers of case management services.
2. Eligible recipients will have free choice of the providers of other medical care under the plan.

G. Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

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